MAXIMUS Federal Services

Case Number:	CM15-0097522		
Date Assigned:	05/28/2015	Date of Injury:	06/27/2014
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27-year-old male, who sustained an industrial injury on 6/27/2014. He reported neck and left upper extremity pain from repetitive lifting type activity. Diagnoses include left shoulder sprain and cervical strain/sprain. Treatments to date include physical therapy and Naproxen. Currently, he complained of increase in left side neck pain with radiation into the shoulder. On 4/21/15, the physical examination documented tenderness to the cervical spine. There was a positive right side Spurling's test. The plan of care included Lidopro topical cream, as needed; Naproxen 550mg tablets three to four times daily, #120; and a follow up appointment with the orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidopro topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-113.

Decision rationale: LidoPro is a topical analgesic ointment, which contains lidocaine, capsaicin, menthol, and methyl salicylate. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Combination analgesics are regarded as experimental due to insufficient evidence to support their general use in chronic pain. In the case of this worker, although there was some more recent documentation to suggest the Pamelor had been stopped due to side effects, helping to justify a trial of LidoPro, there was insufficient supportive evidence of functional gain and pain level reduction related to the prior use of LidoPro to justify continuation. Therefore, the request for continuation of LidoPro will not be considered medically necessary at this time without this supportive evidence.

Naproxen Sodium 550 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, he had been using naproxen chronically leading up to this request for renewal, which is not a recommended method of use for any NSAID for the diagnoses listed for this worker. Also, there was insufficient evidence of clear functional gains and measurable pain level reduction directly related to this medication to help justify its use. Regardless, as chronic use of NSAIDs carries with it significant risks, the Naproxen will be considered medically unnecessary.

Orthopedic consultation for bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 127, 209-210.

Decision rationale: The MTUS ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The MTUS ACOEM Guidelines state that referral to an orthopedic surgeon for consideration for shoulder surgery must be based on the following situations: 1. Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), 2. Activity limitation for more than four months, plus existence of a surgical lesion, 3. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, 4. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The ACOEM also states that surgical considerations depend on the working or imaging-confirmed diagnoses of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. In the case of this worker, there was insufficient evidence found from physical examination findings or subjective complaints in the documentation to suggest his shoulders were damaged enough to be surgical. MRI of the left shoulder was normal and no other evidence supported a referral to a surgeon regarding his shoulders. Therefore, the request for orthopedic consultation for the shoulders will be considered medically unnecessary.